STATEMENT OF ORGANIZA	ATION	OFFIC	CE USE ONLY 1/3
1. Name and 1 dress of Committee LOUISIANA VOTER PROTECTION PAC 2133 SILVERSIDE DR STE K	2. Date of this Statement 01/30/2015	PAC S/O	
BATON ROUGE LA 70808	3. Estimated Membership	3/3	<b></b>
	4. Amended Statement?	#892614 # TOOO	500100
Check if new committee	Yes _XNo	# T000	
5. All Committee Officers and Directors (including Chairperson, Treasurer,	if any, and any other committee o	fficers and directors)	
Position Name	Address		
Chairperson			
Treasurer			
O MENU A A O CONTRACTOR OF THE STATE OF THE			Please see attached sheets.
Affiliated Organizations     (Any organization, other than a political committee, which directly or ind	irectly established, administrator	s or financially supports t	nis committee.)
Name Addre	ss	Relation	ship to Committee
	LANGE .		Please see attached sheets.
7. All Depositories for Committee Funds (committee funds must be deposite	ed in one or more banks or saving	gs and loan institutions)	
Name Addre	ess		
•			
			Please see attached sheets.
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. (	Check one: Principal Car	npaign Committee	Subsidiary Committee
b. Name of Candidate	c. Office Sought by the Candid	date	
			Please see attached sheets.
9. Name of Person Preparing Report	D	aytime Telephone	Please see attached sheets.
10. WE HEREBY CERTIFY that the information contained in this STATE and belief.	MENT OF ORGANIZATION is	s true and correct to the be	st of our knowledge, information
Dated <u>01/30/2015</u> .			
			erice and the second of the se
LEIGH HOLDINESS DAVIS		225-937-3303	an an
Signature of Committee Chairperson		Daytime Telephone Number	or 🛇
Signature of Committe Treasurer, if any	<del></del>	Daytime Telephone Numbe	er
Form 200, Rev 3/98			

Affiliated Persons / Organization	ons		3/3
Name and Address of Chair Person LEIGH HOLDINESS DAVIS 2133 SILVERSIDE DR		Candidate Information  Office Sought (Include title of office as well as parish, city, town and/or election district)	
STE A BATON ROUGE	LA 70808		
		Name of Political Party:	
Chairperson:		SUPPORTED OPPOSED by the Committee	
Daytime Telephone (Preparer):		Rel of Aff. Org. to Comm:	
Name and Address of Financial Instituti MIDSOUTH BANK	on	Candidate Information Office Sought (Include title of office as well as parish, city, town and/or election district)	
BATON ROUGE	LA		
		Name of Political Party:	
Chairperson:		☐ SUPPORTED ☐ OPPOSED by the Committee	
Daytime Telephone (Preparer):	W	Rel of Aff. Org. to Comm:	
	× .		
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